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CHAPTER ONE

GENERAL PROVISIONS

SECTION 1. Purpose. This Appendix provides a simple step-by-step reference guide to ensure that all Department of the Navy civilian urinalysis collections are properly conducted. Collection is the key to a successful drug testing program. Every civilian collection must be conducted following the guidance contained in this CPI and the requirements established by the DHHS in the "Mandatory Guidelines for Federal Workplace Drug Testing Programs" (Guidelines). Each step must be closely followed whether the collection is performed "in-house" or by a contractor.

SECTION 2. Generala. Types of Drugs

(1) The Department of the Navy will test employees and tentative selectees for TDPs for the following drugs, classes of drugs, and/or their metabolites: cocaine, cannabis (marijuana), amphetamines, opiates, phencyclidine (PCP), and any other drug(s) subsequently approved by DHHS for testing on an agency-wide basis. Opiates is considered an example of a class of drugs as it includes morphine (a metabolite of heroin) and codeine. A metabolite is a compound produced from chemical changes to a drug by the body.

(2) In addition, the Department of the Navy may, on the basis of reasonable suspicion or after an accident or unsafe practice, test employees for any drug on Schedules I and II of the CSA.

b. Types of Testing. The Department of the Navy program includes the following six types of drug testing:

(1) Random - testing of employees in TDPs without individualized suspicion that the employee is using illegal drugs.

(2) Applicant - testing of tentative selectees for TDPs prior to a final employment offer or position placement.

(3) Reasonable Suspicion - testing of employees which is based on a belief that the employee used or uses drugs illegally.

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(4) Accident/Unsafe Practice - testing which may be required following an accident or other safety related incident.

(5) Voluntary - testing of employees who volunteer to be included in the TDP pool but who would not otherwise be subject to random testing due to position requirements.

(6) Follow-up - testing of employees as part of or follow-up to a rehabilitation or counseling program.

SECTION 3. Collection Functions

a. DPC. Each activity/command will appoint a DPC to carry out the responsibilities under the DFWP as provided in paragraph 5f(2) of this CPI. The DPC will be responsible for implementing, directing, administering, and managing the drug program for the activity/command as provided in paragraph 5g of this CPI.

b. CSC. An activity/command may choose to use one or more CSCs to assist the DPC in the actual collection of the specimens. At the direction of the DPC, the CSC will:

(1) Properly prepare the collection site. This includes obtaining the necessary supplies and making other logistical arrangements for the collection.

(2) Collect urine specimens following the procedures outlined in this guide, the CPI, and DHHS Guidelines. This includes completing the Urine Sample Custody Document, OCPM 12792/2, and making entries into the Permanent Record Book. The DPC may authorize the CSC to mail the specimens or require that the CSC deliver the entire testing package to him or her for shipment to the NDSL. In either case, all chain-of-custody procedures must be followed.

c. Observers. Observers will always be of the same gender as the individual providing the specimen and will not visually observe the individual provide the specimen except as noted in Section 4. Depending upon the physical configuration of the collection site, the DPC or CSC may act in this capacity. The observer's usual responsibilities during the collection process include:

(1) Inserting a bluing agent in the toilet bowl before each specimen is collected.

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(2) Accompanying the individual being tested to and from the designated rest room area.

(3) Remaining outside the toilet stall while the individual provides the sample, listening for normal sounds of urination, and informing the CSC of any unusual noises or behavior.

(4) Instructing the individual to pour the specimen from the catch container, if used, into the specimen bottle. This step must be watched and the observer must ensure that the specimen bottle remains in control of the individual until it is delivered to the CSC.

(5) Instructing the individual to place the lid or cap on the specimen bottle and wipe off any overflow while he or she observes.

(6) Escorting the individual back to the CSC.

SECTION 4. Unobserved and Observed Testing

a. Unobserved. The individual subject to testing will be permitted to provide a urine specimen in a rest room stall or similar enclosure so that the employee is not observed while providing the sample.

b. Observed

(1) An individual may be required to provide a specimen under direct visual observation if the activity/command has reason to believe that the individual may alter or substitute the specimen. This means that the observer, CSC, or DPC must observe the urine pass directly from the body of the individual into the catch container or specimen bottle. Examples of these situations include:

(a) The individual has previously been found by the Department of the Navy to be an illegal drug user and is undergoing follow-up testing, including employees with "safe harbor" agreements.

(b) Facts and circumstances suggest that the individual has equipment or materials capable of tampering with or adulterating a urine sample.

(c) The individual has previously tampered with a sample.

(2) Authorization for direct observation must be received from at least the second-level supervisor or manager as specified in the activity/command instruction.

SECTION 5. Blind Performance Test Specimens

a. The DHHS Guidelines require that Blind Performance Test Specimens (BPTS) be submitted to each NDSL involved in the DFWP. The BPTS are used to monitor the performance of the NDSL and evaluate chain-of-custody procedures. BPTS must be submitted at a rate of 10 percent of the total specimens to a maximum of 250 per quarter per NDSL. Of the BPTS submitted, 80 percent must be certified negative urine specimens (contain no drug); the remaining 20 percent will contain one or more of the following drugs and/or their metabolites: marijuana, cocaine, amphetamines, PCP, or opiates.

b. The BPTS will be sent to selected activities/commands who are required to process them following Section 6, Chapter 4, of this Appendix. These samples do not count against the activity/command's assigned testing quotas. Any unsatisfactory BPTS will be immediately reported to the OCPM DPC by the Department of Defense Drug Detection Quality Control Laboratory, Armed Forces Institute of Pathology (AFIP), who will score and report the results. The OCPM DPC will immediately report, via the Director, OCPM and the Secretary of the Navy, any unsatisfactory test result to the Secretary of the DHHS. The DHHS Secretary may take one of several actions, the most severe of which will be to revoke the national laboratory certification of the NDSL involved.

SECTION 6. Confidentiality Issues

a. All personnel involved in any phase of the drug testing program must maintain the confidentiality of information pertaining to individuals. The Privacy Act, 5 U.S.C. 552a, addresses the disclosure of information from medical or other records maintained by an agency. Any personal information obtained from an individual, from the results of a drug test or from a government or private health care facility concerning an employee's illegal drug use or other medical matter, must be held in the strictest confidence except for official purposes as cited by E.O. 12564 and P.L. 100-71.

b. Test results are governed by the provisions of the Privacy Act, 5 U.S.C. 552a, et seq., and additionally restricted by Section 503(e) of P.L. 100-71. The laboratory may only disclose

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test results to the MRO. Any positive result which the MRO determines to be justified by legitimate medical use will be treated as a negative test result and may not be released for purposes of identifying illegal drug use. An employee's test results may not be disclosed without prior written consent of the employee unless the disclosure would be:

- (1) To the MRO.
- (2) After MRO review, to the DPC.
- (3) After MRO review, to the CEAP Administrator for purposes of counseling and rehabilitation.
- (4) After MRO review, to any supervisor or management official within the Department of the Navy having the authority to recommend, decide, or process an adverse personnel action against the employee or to an administrative tribunal in a review of an adverse personnel action.
- (5) Under an order of a court of competent jurisdiction or required by the United States Government to defend against a challenge against an adverse personnel action.